PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

TESOS-GNOOZC4

		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHEF SMALL	R THAN ENTITY
TOTAL CLAIMS			21] [RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	
TC	TAL CHARGE	ABLE CLAIMS	21 min	nus 20=	*	/		X\$ 9=	9	OR	X\$18=	
INE	DEPENDENT C	LAIMS	2 minus 3 = *)		X43=	-/	1	X86=	,
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					7,45=		OR	700-	
* If the difference in column 1 is less than zero, enter "0" in column 2							' [+145=		OR	+290=	
								TOTAL	394	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
	<u> </u>	I CLAIMS	 			1	1 -					
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		·X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	ž	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
ļ. <i>1</i>								TOTAL			· TOTAL	
·								DDIT. FEE		OR	ADDIT, FEE	
ADDIT, FEE												
(Column 1) (Column 2) (Column 3)												
_		CLAIMS	1	HIGHE			ΙГ		ADDI-	F		ADDI-
۳		REMAINING		NUMB		PRESENT	11	RATE	TIONAL		DATE	
Z		AFTER	ļ.	PREVIO		EXTRA .	1 1	HAIL		l	RATE	TIONAL
۸E	i	AMENDMENT		PAID F	OH		-		FEE	ı		FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF ML	Minus	***	CL AIA	= .		X43=		OR	X86=	
	THOTFILDE	ATTACION OF MIC	LIFTE DEF	LIADEIAI ,	CLAIM	<u> [_]</u>	' [+145=		OR	+290=	
							L	TOTAL		L		
		•						TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE	
	·	(Column 1)		(Colum	ın 2)	(Column 3)	74			•		
	`	CLAIMS		HIGHE		1			400:	r		
ပ	İ	REMAINING		NUMB	ER	PRESENT			ADDI-	J		ADDI-
딛		AFTER		PREVIOL		EXTRA	RAT	RATE	TIONAL		RATE	TIONAL
回し	· · · · · · · · · · · · · · · · · · ·	AMENDMENT	· · · · · · · · · · · · · · · · · · ·	PAID F	OR		L	i	FEE			FEE
MEN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		ı	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
							 .	+145=	Į1	OR	+290=	
* If	the entry in colur	mn 1 is less than th	e entry in colur	nn 2, write "	'0" in col	umn 3.	<u> </u>	TOTAL		L	TOTAL	
**	the "Highest Nur	mber Previously Pa	d For IN THIS	SPACE is	less thar	20, enter *20.*	AD	DIT. FEE		OR A	DDIT. FEE	
T	he "Highest Num	mber Previously Pa iber Previously Paid	io ror in THIS	SPACE is	iess than	13, enter "3."		. —	rearies be-			
•	riigilost itulii	ion i iovidusiy rak	TO LIDITAL DE	maepenaer	it) is trie	mgnesi number	· IOUN	an me appi	opnat box	ın COIL	m#1.	1